

RENEWAL APPLICATION FOR IFTA LICENSE AND DECALS

DUE ON OR BEFORE		
[ FOID ]	YOUR ACCOUNT NO.	

BOARD USE ONLY		
RA-B/A	AUD	REG
RR-QS	FILE	REF
EFF		

BOARD OF EQUALIZATION  
FUEL TAXES DIVISION  
PO BOX 942879  
SACRAMENTO CA 94279-6180

**IFTA RENEWAL INFORMATION**

You must complete and return this renewal application to maintain your IFTA license. Your application will not be processed unless it is complete and accompanied by the required fees. If you do not return this form, it will result in the cancellation of your license.

SECTION I: Decal and Fee Computation (this section must be completed)

1. Enter the number of vehicles that you operate in IFTA jurisdictions	1.	
2. Fee per set of decals	2.	\$ 2.00
3. Total decal fee (multiply line 1 by line 2)	3.	\$
4. Annual license fee	4.	\$ 10.00
5. TOTAL AMOUNT ENCLOSED (add lines 3 and 4)	5.	\$

SECTION II: Vehicle Information (list complete information for each of your qualified motor vehicles; attach a separate sheet to include information about additional vehicles)

U.S. Department of Transportation Number (DOT)				
MAKE AND YEAR	BASE STATE VEHICLE REGISTRATION	VIN/LICENSE NUMBER	TYPE OF FUEL USED	REGISTERED OWNER IF DIFFERENT THAN IFTA ACCOUNT

Make check or money order payable to the State Board of Equalization. Remittance must be in U.S. funds.  
Always write your account number on your check or money order. Make a copy of this document for your records.

YOUR SIGNATURE AND TITLE	TELEPHONE NUMBER	DATE
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(continued on reverse)

**SECTION III: Cancellation Notice** *(complete this section if you will not be renewing your California IFTA License)***I am not renewing my IFTA license because** *(check only one box)*

- ☐ I am no longer in business. Date business discontinued: \_\_\_\_\_
- ☐ I am no longer operating outside the state of California. Date of last interstate trip: \_\_\_\_\_
- ☐ My truck(s) is/are leased to another carrier (lessor) who is licensed under IFTA and who is responsible to report fuel usage and pay any tax due. Lessor's IFTA account number: \_\_\_\_\_ Effective date: \_\_\_\_\_
- ☐ I will be applying for an IFTA license in another jurisdiction.  
Please indicate the jurisdiction where you will register: \_\_\_\_\_
- ☐ I choose to purchase fuel trip permits when traveling interstate (including return trips into California).
- ☐ Other *(please explain)* \_\_\_\_\_

**SECTION IV: Business Change** *(complete this section only if the information preprinted on the front of this application is incorrect or if there has been a change in the ownership of the business)*

1) NEW FEIN (Federal Employer Identification Number)				2) NEW DEPARTMENT OF TRANSPORTATION NUMBER (DOT)	
3) TYPE OF NEW OWNERSHIP					
<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Other Partnership			
<input type="checkbox"/> Husband & Wife Partnership		<input type="checkbox"/> Corporation/LLC			
4) NEW CORPORATION/LLC NAME AND NUMBER <i>(list names of corporate/LLC officers, members or managers below)</i>					
5) NEW OWNER/PARTNER/PRESIDENT NAME					SOCIAL SECURITY NUMBER
STREET ADDRESS <i>(residence)</i>		CITY	STATE	ZIP CODE	PHONE NUMBER (     )
NEW PARTNER/VICE PRESIDENT NAME					SOCIAL SECURITY NUMBER
STREET ADDRESS <i>(residence)</i>		CITY	STATE	ZIP CODE	PHONE NUMBER (     )
NEW PARTNER/TREASURER NAME					SOCIAL SECURITY NUMBER
STREET ADDRESS <i>(residence)</i>		CITY	STATE	ZIP CODE	PHONE NUMBER (     )
NEW PARTNER/SECRETARY NAME					SOCIAL SECURITY NUMBER
STREET ADDRESS <i>(residence)</i>		CITY	STATE	ZIP CODE	PHONE NUMBER (     )
6) NEW TRADE NAME/DBA					
7) NEW LOCATION OF BUSINESS <i>(do not use a PO Box or agent's address for location of business)</i>					PHONE NUMBER (     )
8) NEW MAILING ADDRESS <i>(if different from business location; do not enter agent's address here)</i>					PHONE NUMBER (     )
9) NEW AGENT/BOOKKEEPER NAME			10) NEW AGENT/BOOKKEEPER TELEPHONE NUMBER (     )		
11) NEW AGENT/BOOKKEEPER MAILING ADDRESS					ACCOUNTANT CODE
<input type="checkbox"/> Please use this address as my mailing address. <i>(check box and attach signed power of attorney form to use agent address for the account mailing address)</i>					
12) NEW BANK OR OTHER FINANCIAL INSTITUTION		LOCATION			ACCOUNT NUMBER

**SECTION V: Signature** *(this section must be completed)*

SIGNATURE		TITLE	
PRINT NAME		PHONE NUMBER (     )	DATE

**IF YOU WISH ADDITIONAL INFORMATION, PLEASE CONTACT THE STATE BOARD OF EQUALIZATION,  
FUEL TAXES DIVISION, PO BOX 942879, SACRAMENTO, CA 94279-0065, TELEPHONE 916-322-9669.**